

Developmental Screening Indicators and Recommendations for Effective Practice for 3,4, & Pre-K 5-Year Old Children

Purpose of this Brief

In working with young children, various types of screening and assessments are used for various purposes. For early identification of children with suspected developmental delays and those with disabilities entering into early education classrooms, child-specific information often is needed to:

- support optimal learning and development in ALL young children, and
- develop appropriate, high-quality early childhood programs.

Many methods of screening and assessment are used to gather child-specific data. Child-specific data gathering methods are defined and used in different ways by the various professionals working with young children and by the multitude of programs serving young children (e.g., Children's Developmental Services Agency (CDSA), Exceptional Children, Head Start, More at Four Pre-K, and Title I). It is important that any method of measurement be used for the purpose for which it is intended.

The purpose of this document is to examine one child-specific data gathering technique - *developmental screening* - to help early childhood educators use this procedure in the most appropriate and effective way possible.

Developmental Screening Defined

- Developmental screening is a brief, relatively inexpensive, standardized procedure designed to quickly evaluate a large number of children to determine who should be referred for further assessment. Screening collects information in all areas of a child's development. (NAEYC, 2003; Meisels & Atkins-Burnett, 2005)
- Developmental screening tools commonly used in North Carolina's pre-kindergarten programs that screen behaviors in developmental domains such as language, motor, cognition, and self-help include:
 - Brigance® Preschool Screen—II
 - Brigance® K & 1 Screen—II
 - Developmental Indicators for the Assessment of Learning, 3rd Edition (DIAL-3)
 - Learning Accomplishment Profile Diagnostic Screen (LAP-D Normed Screens)
- Developmental screening is also performed in the child's primary care setting by physicians or other health professionals. (North Carolina Partnership for Children (September 30, 2005) Effective Practice in Activity Design, Health and Developmental Screenings)

Uses of Developmental Screening

In general, screening is **not** an end in itself (Meisels & Atkins-Burnett, 2005). Developmental screening instruments were developed to alert early childhood professionals to a child's potential areas of strength and need in each developmental domain. Developmental screening instruments are "early alert systems" that can help to focus further assessment and observation. In other words, "screening may be used to identify children who should be observed further for possible delay or problems." (NAEYC, 2005, p.13)

All North Carolina early childhood programs use developmental screening for its intended purpose. More specifically, examples of how North Carolina's early childhood programs are currently using developmental screening information are listed below:

- The **More at Four** program requires that all enrolled children be screened within 90 days of the first day of attendance. Screening results may be used to:
 - Refer children to the Local Education Agency's (LEA) **Exceptional Children's** program for possible observation and assessment.
 - Help preschool staff to focus early observations as a part of their ongoing assessment practice.

Screening results may be obtained prior to entry to **More at Four** (e.g., as part of a community screening process) and may be

Uses of Developmental Screening (cont.)

used to assist in determining program eligibility for children from families with income above 75% of the State Median Income. (More at Four Pre-K Guidelines, Section II. A. p.6)

- In determining eligibility, **Title I** pre-kindergarten programs use developmental screening results as one source of data in multiple, educationally related, objective criteria established by the LEA. (No Child Left Behind Act of 2001 Section 1115(b)(1)(B))
- **Even Start** program eligibility is based on family education level and does not require that all children be screened for selection. If a family enrolled in Even Start has a preschool-aged child, that child is often screened through participation in one of the programs listed in this Brief.
- **Exceptional Children** program eligibility is based upon an evaluation using multiple measures. More at Four, Head Start, Even Start, and Title I programs work with the Exceptional Children program in their LEA to determine how and when children should be referred for further assessment.
- **Head Start** requires that all children be screened within 45 days of entering their Head Start program. Screening results are used to make referrals to appropriate professionals for additional assessment. (Head Start Performance Standards 1308.6)

Recommended Practices

Recommendations for appropriate and effective use of developmental screening tools and screening results as identified in this Brief include: (NAEYC, 2003 and Meisels & Atkins-Burnett, 2005)

- Screening tools must meet technical standards for test construction and be culturally and linguistically relevant.
- Only staff with appropriate training should conduct screening.
- Families should contribute information about their child including any screening information completed by the child's physician and/or health department personnel.
- Children and families should be as familiar as possible with personnel completing screening in order to obtain a truer picture of the child's abilities.
- Collaborative, community-based screening programs may yield more valid results for program eligibility in a more cost and time efficient way.
- Although screening may occur in different settings, screening results should be shared with the child's medical home.
- Connect to child's medical home. Medicaid reimbursed physicians must perform developmental screening.
- Use screening instruments only for intended purpose (refer for additional observation and assessment).

Inappropriate Uses for Screening

As developmental screening instruments and procedures are brief by definition, their results (as a single indicator) should not be used to:

- Diagnose children as having learning delays or disabilities,
- Determine program eligibility,
- Assign children to specific interventions,
- Determine program effectiveness, or
- Delay entry into kindergarten.

For more information and assistance on developmental screening and with developing a collaborative, community-based developmental screening program, call the North Carolina Office of School Readiness at (919) 981-5300.

References and Resources

- Meisels, Samuel J. and Sally Atkins-Burnett. 2005. Developmental Screening in Early Childhood, A Guide. 5th Edition. NAEYC Washington, D.C.
- NAEYC & NAECS/SDE. (2003) Early Childhood Curriculum, Assessment, and Program Evaluation, Building an Effective, Accountable System in Programs for Children Birth through Age 8, Adopted November 2003. A Joint Position Statement of the National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE). <http://www.naeyc.org/about/positions/pdf/CAPEexpand.pdf>
- NAEYC Supplement, Screening and Assessment of Young English Language Learners, 2005, http://www.naeyc.org/about/positions/pdf/ELL_Supplement_Shorter_Version.pdf
- National Early Childhood Technical Assistance Center (NECTAC) <http://www.nectac.org/>
- O'Brien, J. 2001, April. How screening and assessment practices support quality disabilities services in *Head Start*. *Head Start Bulletin* www.headstartinfo.org/publications/hsbulletin70/hsb70_07.htm
- North Carolina Partnership for Children (September 30, 2005) Effective Practice in Activity Design, Health and Developmental Screenings. *Smart Net*.